

TITLE V BLOCK GRANT APPLICATION
FORMS (2-21)
STATE: DE
APPLICATION YEAR: 2012

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FORM 2
MCH BUDGET DETAILS FOR FY 2012

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: DE

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 1,966,509

A.Preventive and primary care for children:

\$ 786,603 (40 %)

B.Children with special health care needs:

\$ 786,603 (40 %)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 95,709 (4.87 %)

(The above figure cannot be more than 10%) [Sec. 504(d)]

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 400,000

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 8,625,223

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 0

5. OTHER FUNDS (Item 15e of SF 424)

\$ 0

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 1,024,800

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 5,679,728

\$ 9,650,023

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 12,016,532

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 97,260

c. CISS: \$ 0

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 0

j. Education: \$ 0

k. Other: \$ 0

ECCS \$ 140,000

PRAMS \$ 135,000

TITLE X \$ 1,168,949

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 1,541,209

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 13,557,741

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

None

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: DE

	FY 2007		FY 2008		FY 2009	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 1,981,459	\$ 1,981,459	\$ 1,981,651	\$ 1,843,162	\$ 1,962,811	\$ 1,962,811
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 403,058	\$ 403,058	\$ 400,178	\$ 400,178	\$ 485,507	\$ 485,507
3. State Funds <i>(Line3, Form 2)</i>	\$ 9,718,619	\$ 9,718,619	\$ 9,414,588	\$ 9,414,588	\$ 9,988,654	\$ 9,988,654
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 355,000	\$ 355,000	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 1,200,000	\$ 1,200,000
7. Subtotal	\$ 12,458,136	\$ 12,458,136	\$ 11,796,417	\$ 11,657,928	\$ 13,636,972	\$ 13,636,972
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 0	\$ 0	\$ 1,916,247	\$ 1,916,247	\$ 1,644,687	\$ 1,644,687
9. Total <i>(Line11, Form 2)</i>	\$ 12,458,136	\$ 12,458,136	\$ 13,712,664	\$ 13,574,175	\$ 15,281,659	\$ 15,281,659
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: DE

	FY 2010		FY 2011		FY 2012	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 1,966,687	\$ 1,966,687	\$ 1,966,509		\$ 1,966,509	
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 568,010	\$ 568,010	\$ 400,000		\$ 400,000	
3. State Funds <i>(Line3, Form 2)</i>	\$ 9,922,543	\$ 9,922,543	\$ 9,589,395		\$ 8,625,223	
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
6. Program Income <i>(Line6, Form 2)</i>	\$ 784,800	\$ 784,800	\$ 784,800		\$ 1,024,800	
7. Subtotal	\$ 13,242,040	\$ 13,242,040	\$ 12,740,704	\$ 0	\$ 12,016,532	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 1,510,076	\$ 1,510,076	\$ 1,539,610		\$ 1,541,209	
9. Total <i>(Line11, Form 2)</i>	\$ 14,752,116	\$ 14,752,116	\$ 14,280,314	\$ 0	\$ 13,557,741	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3
None
FIELD LEVEL NOTES
None

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: DE

	FY 2007		FY 2008		FY 2009	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 3,072,573	\$ 3,072,573	\$ 4,023,471	\$ 3,887,308	\$ 4,103,603	\$ 3,588,691
b. Infants < 1 year old	\$ 810,152	\$ 810,152	\$ 1,360,800	\$ 1,494,637	\$ 5,303,603	\$ 3,582,789
c. Children 1 to 22 years old	\$ 4,405,349	\$ 4,405,349	\$ 4,329,345	\$ 4,193,182	\$ 1,874,207	\$ 2,420,240
d. Children with Special Healthcare Needs	\$ 2,346,380	\$ 2,346,380	\$ 1,945,080	\$ 1,945,080	\$ 2,140,159	\$ 1,655,528
e. Others	\$ 1,784,523	\$ 1,784,523	\$ 0	\$ 0	\$ 0	\$ 2,287,308
f. Administration	\$ 39,160	\$ 39,159	\$ 137,721	\$ 137,721	\$ 215,400	\$ 102,416
g. SUBTOTAL	\$ 12,458,137	\$ 12,458,136	\$ 11,796,417	\$ 11,657,928	\$ 13,636,972	\$ 13,636,972
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 0		\$ 94,644		\$ 94,644	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 0		\$ 105,769		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
ECCS	\$ 0		\$ 0		\$ 140,000	
Newborn Hearing	\$ 0		\$ 0		\$ 120,833	
PRAMS	\$ 0		\$ 0		\$ 80,000	
TBI	\$ 0		\$ 0		\$ 118,600	
Title X	\$ 0		\$ 0		\$ 1,090,610	
Title X Fam Plan	\$ 0		\$ 1,715,834		\$ 0	
III. SUBTOTAL	\$ 0		\$ 1,916,247		\$ 1,644,687	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: DE

	FY 2010		FY 2011		FY 2012	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 4,199,811	\$ 4,199,811	\$ 3,353,814	\$	\$ 3,061,344	\$
b. Infants < 1 year old	\$ 4,984,610	\$ 4,984,610	\$ 3,348,298	\$	\$ 3,058,237	\$
c. Children 1 to 22 years old	\$ 1,805,491	\$ 1,805,491	\$ 2,261,837	\$	\$ 2,207,929	\$
d. Children with Special Healthcare Needs	\$ 2,086,058	\$ 2,086,058	\$ 1,543,437	\$	\$ 1,506,651	\$
e. Others	\$ 0	\$ 0	\$ 2,137,609	\$	\$ 2,086,662	\$
f. Administration	\$ 166,070	\$ 166,070	\$ 95,709	\$	\$ 95,709	\$
g. SUBTOTAL	\$ 13,242,040	\$ 13,242,040	\$ 12,740,704	\$ 0	\$ 12,016,532	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 94,466		\$ 100,000		\$ 97,260	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 0		\$ 0		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
ECCS	\$ 105,000		\$ 132,000		\$ 140,000	
PRAMS	\$ 95,000		\$ 85,000		\$ 135,000	
TITLE X	\$ 0		\$ 0		\$ 1,168,949	
Title X	\$ 0		\$ 1,222,610		\$ 0	
EHDI	\$ 125,000		\$ 0		\$ 0	
Title X	\$ 1,090,610		\$ 0		\$ 0	
III. SUBTOTAL	\$ 1,510,076		\$ 1,539,610		\$ 1,541,209	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

1. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2009
Field Note:
For 2009 we have reevaluated the method by which we calculate the amount spent on specific populations.
2. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2009
Field Note:
For 2009 we have reevaluated the method by which we calculate the amount spent on specific populations.
3. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2009
Field Note:
For 2009 we have reevaluated the method by which we calculate the amount spent on specific populations.
4. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2009
Field Note:
For 2009 we have reevaluated the method by which we calculate the amount spent on specific populations.
5. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2009
Field Note:
For 2009 we have reevaluated the method by which we calculate the amount spent on specific populations.
6. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2009
Field Note:
For 2009 we have reevaluated the method by which we calculate the amount spent on specific populations.

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: DE

TYPE OF SERVICE	FY 2007		FY 2008		FY 2009	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 5,464,809	\$ 5,464,809	\$ 3,295,304	\$ 3,156,815	\$ 3,430,620	\$ 4,342,818
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 2,576,920	\$ 2,576,920	\$ 3,217,870	\$ 3,217,870	\$ 3,357,733	\$ 6,329,719
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 2,166,340	\$ 2,166,340	\$ 2,539,250	\$ 2,539,250	\$ 3,901,661	\$ 1,258,173
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 2,250,067	\$ 2,250,067	\$ 2,743,993	\$ 2,743,993	\$ 2,946,958	\$ 1,706,262
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 12,458,136	\$ 12,458,136	\$ 11,796,417	\$ 11,657,928	\$ 13,636,972	\$ 13,636,972

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: DE

TYPE OF SERVICE	FY 2010		FY 2011		FY 2012	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 3,529,324	\$ 3,529,324	\$ 4,058,584	\$	\$ 3,751,597	\$
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 3,435,200	\$ 3,435,200	\$ 5,915,444	\$	\$ 5,564,199	\$
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 3,372,775	\$ 3,372,775	\$ 1,172,088	\$	\$ 1,144,153	\$
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 2,904,741	\$ 2,904,741	\$ 1,594,588	\$	\$ 1,556,583	\$
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 13,242,040	\$ 13,242,040	\$ 12,740,704	\$ 0	\$ 12,016,532	\$ 0

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1. **Section Number:** Form5_Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2009
Field Note:
For 2009 we have reevaluated the method by which we calculate the amount spent on specific populations.
2. **Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2009
Field Note:
For 2009 we have reevaluated the method by which we calculate the amount spent on specific populations.
3. **Section Number:** Form5_Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2009
Field Note:
For 2009 we have reevaluated the method by which we calculate the amount spent on specific populations.
4. **Section Number:** Form5_Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2009
Field Note:
For 2009 we have reevaluated the method by which we calculate the amount spent on specific populations.

FORM 6						
NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED						
Sect. 506(a)(2)(B)(iii)						
STATE: DE						
Total Births by Occurrence: 11,893				Reporting Year: 2010		
Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	11,893	100	5	2	2	100
Congenital Hypothyroidism	11,893	100	6	6	6	100
Galactosemia	11,893	100	46	0	0	
Sickle Cell Disease	11,893	100	7	6	6	100
Other Screening (Specify)						
Screening Programs for Older Children & Women (Specify Tests by name)						
(1) Use occurrent births as denominator. (2) Report only those from resident births. (3) Use number of confirmed cases as denominator.						

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

1. **Section Number:** Form6_Main
Field Name: Congenital_OneScreenNo
Row Name: Congenital
Column Name: Receiving at least one screen
Year: 2012
Field Note:
In 2010, there were 6 presumptive cases of CH based on a second screen. There were 6 confirmed cases.
2. **Section Number:** Form6_Main
Field Name: Congenital_Presumptive
Row Name: Congenital
Column Name: Presumptive positive screens
Year: 2012
Field Note:
In 2010, there were 6 presumptive cases of CH based on a second screen. There were 6 confirmed cases.
3. **Section Number:** Form6_Main
Field Name: Congenital_Confirmed
Row Name: Congenital
Column Name: Confirmed Cases
Year: 2012
Field Note:
In 2010, there were 6 presumptive cases of CH based on a second screen. There were 6 confirmed cases.

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: DE

Number of Individuals Served - Historical Data by Annual Report Year

Types of Individuals Served	2005	2006	2007	2008	2009
Pregnant Women	1,080	1,080	2,460	3,787	3,231
Infants < 1 year old	12,225	12,225	12,666	13,000	12,153
Children 1 to 22 years old	2,543	2,543	2,533	2,207	488
Children with Special Healthcare Needs	1,397	1,397	908	3,074	3,094
Others	0	0	4,768	14,839	9,118
Total	17,245	17,245	23,335	36,907	28,084

Reporting Year: 2010

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	3,224	84.0	0.0	0.0	0.0	16.0
Infants < 1 year old	12,016	46.0	0.0	47.0	0.0	7.0
Children 1 to 22 years old	138	78.0	0.0	0.0	0.0	22.0
Children with Special Healthcare Needs	3,094	25.0	0.0	62.0	0.0	13.0
Others	2,356	84.0	0.0	0.0	0.0	16.0
TOTAL	20,828					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

1. **Section Number:** Form7_Main
Field Name: PregWomen_TS
Row Name: Pregnant Women
Column Name: Title V Total Served
Year: 2012
Field Note:
2370 Women enrolled in HWHB, 2010, Prenatal Bundle. 854 Women enrolled in SS/Home Visiting, 2010.
2. **Section Number:** Form7_Main
Field Name: Children_0_1_TS
Row Name: Infants <1 year of age
Column Name: Title V Total Served
Year: 2012
Field Note:
Number of infants screened by Newborn Screening Program - includes out of state births transferred in and screened.
3. **Section Number:** Form7_Main
Field Name: Children_0_1_Private
Row Name: Infants <1 year of age
Column Name: Private/Other %
Year: 2012
Field Note:
Private / Other includes 45.6% Private, 1.4% Self-Pay, 2.4% Other Gov't.
4. **Section Number:** Form7_Main
Field Name: Children_1_22_TS
Row Name: Children 1 to 22 years of age
Column Name: Title V Total Served
Year: 2012
Field Note:
A total of 510 Children 0-22 were served by Kids Kare in 2010. Of these, 138 were 1 to 22 years old.
5. **Section Number:** Form7_Main
Field Name: CSHCN_TS
Row Name: Children with Special Health Care Needs
Column Name: Title V Total Served
Year: 2012
Field Note:
2011 Kids Count in Delaware Fact Book (as reported by the Department of Education for Child Development Watch Enrollment in 2010).
6. **Section Number:** Form7_Main
Field Name: AllOthers_TS
Row Name: Others
Column Name: Title V Total Served
Year: 2012
Field Note:
2356 Women Enrolled in HWHB, preconception care bundle, 2010.

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: DE

Reporting Year: 2008

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	12,016	8,172	3,251	20	538	5	0	30
Title V Served	12,016	8,172	3,251	20	538	5	0	30
Eligible for Title XIX	5,740	3,483	2,112	0	0	0	0	145
INFANTS								
Total Infants in State	12,016	8,172	3,251	20	538	5	0	30
Title V Served	12,016	8,172	3,251	20	538	5	0	30
Eligible for Title XIX	5,740	3,483	2,112	0	0	0	0	145

II. UNDUPLICATED COUNT BY ETHNICITY

				HISPANIC OR LATINO (Sub-categories by country or area of origin)				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	10,170	1,846	0	889	10	363	482	102
Title V Served	10,170	1,846	0	889	10	363	482	102
Eligible for Title XIX	3,920	1,535	0	0	0	0	0	1,535
INFANTS								
Total Infants in State	10,170	1,846	0	889	10	363	482	102
Title V Served	10,170	1,846	0	889	10	363	482	102
Eligible for Title XIX	3,920	1,535	0	0	0	0	0	1,535

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

None

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: DE

	FY 2012	FY 2011	FY 2010	FY 2009	FY 2008
1. State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
4. Contact Person's Telephone Number					
5. Contact Person's Email					
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: DE

	FY 2012	FY 2011	FY 2010	FY 2009	FY 2008
1. State MCH Toll-Free "Hotline" Telephone Number	1-800-464-4357	1-800-464-4357	(800) 464-Help	(800) 464-Help	(800) 464-Help
2. State MCH Toll-Free "Hotline" Name	Helpline	Helpline	Helpline	Helpline	Helpline
3. Name of Contact Person for State MCH "Hotline"	Monique Chadbond	Monique Chadbond	Anna Maloney	Ann Lewandowski	Ann Lewandowski
4. Contact Person's Telephone Number	302-255-1810	302-255-1810	302-255-1827	302-255-1829	302-255-1829
5. Contact Person's Email	Monique.Chadbond@state.de.us	Monique.Chadbond@state.de.us	Anna.Maloney@state.de.us		
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	1622	1029	2119

FORM NOTES FOR FORM 9
None
FIELD LEVEL NOTES
None

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2012
[SEC. 506(A)(1)]
STATE: DE

1. State MCH Administration:
(max 2500 characters)

The Delaware Department of Health and Social Services, Division of Public Health is the state agency responsible for administration of the Title V Maternal & Child Health (MCH) Block Grant Program. The Delaware MCH efforts include the public health clinic-based programs (Home Visiting, Child Development Watch, and Oral Health) and initiatives under the Infant Mortality Elimination Program (Healthy Women, Healthy Babies; Fetal Infant Mortality Review; and the Pregnancy Risk Assessment and Monitoring Surveillance (PRAMS) Survey. Core programs within the Delaware MCH Bureau include newborn Metabolic Screening, Newborn Hearing Screening, the Early Childhood Comprehensive Systems initiative, the State Systems Development Initiative and the Birth Defects / Autism Registries.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 1,966,509
3. Unobligated balance (Line 2, Form 2)	\$ 400,000
4. State Funds (Line 3, Form 2)	\$ 8,625,223
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 1,024,800
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 12,016,532

9. Most significant providers receiving MCH funds:

Public Health Clinics / Home Visiting
Child Development Watch (CSHCN)
Healthy Women, Healthy Babies
Family Support Initiative (CSHCN)

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	3,224
b. Infants < 1 year old	12,016
c. Children 1 to 22 years old	138
d. CSHCN	3,094
e. Others	2,356

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

Smart Start is a prenatal program for at-risk women and children. Smart Start educates women about parenting, nutrition, health care and the warning signs of complications in pregnancy and provides case management and referral for infants and children. Currently this program is being integrated with KIDS KARE as an enhanced home visiting program that offers services from registered nurses, social workers and nutritionists. Child Development Watch is a case management program for Children with Special Health Care Needs. Child Development Watch offers screening, diagnosis and referral services for children 0-3 years of age. Healthy Women, Healthy Babies is a preconception, interconception and prenatal care program for reproductive age women with one or more risk factors.

b. Population-Based Services:
(max 2500 characters)

Newborn Metabolic Screening and Newborn Hearing Screening services are available for every infant born in Delaware. The Healthy Mothers and Infants Consortium's Public Awareness campaign provides messages to the general public about preconception health and its importance in achieving optimal birth outcomes. The Delaware Immunizations program provides immunizations to children and adults and the Family Planning program provides vaccine for the prevention of cervical cancer in women. The Division of Public Health also provides seasonal flu vaccinations as well as a pandemic flu response. Other population-based services include lead prevention, assorted media campaigns, a healthy homes initiative, tobacco prevention and injury prevention.

c. Infrastructure Building Services:
(max 2500 characters)

Delaware's MCH Program supports an assortment of infrastructure building services. The Early Childhood Comprehensive Services Initiative seeks to ensure that all children are ready for success in school. The State Systems Development Initiative supports program planning and development through the linkage of data sets for needs assessment, monitoring and evaluation purposes. Emergency Medical Services for Children seeks to ensure that pediatric issues are addressed in Delaware's EMS system and operates the Special Needs Alert Program for Children with Special Health Care Needs. Delaware's MCH programs also are active in supporting family organizations, particularly those dedicated to Children with Special Health Care Needs, in capacity building. The Delaware PRAMS survey is instrumental in identifying emerging risks for pregnant women. The MCH program also supports breastfeeding and child nutrition initiatives as part of its infrastructure building efforts.

12. The primary Title V Program contact person:

Name	Alisa M. Olshefsky, MPH
Title	MCH Director
Address	417 Federal Street, Jesse Cooper Bldg.
City	Dover

13. The children with special health care needs (CSHCN) contact person:

Name	Leah Jones
Title	MCH Deputy Director
Address	417 Federal Street, Jesse Cooper Building
City	Dover

State	DE
Zip	19901
Phone	302-744-4901
Fax	302-739-3313
Email	alisa.olshefsky@state.de.us
Web	http://www.dhss.delaware.gov/dhss/dph/index.html

State	DE
Zip	19901
Phone	302-744-4901
Fax	302-739-3313
Email	Leah.Jones@state.de.us
Web	http://www.dhss.delaware.gov/dhss/dph/index.html

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: DE

Form Level Notes for Form 11

None

PERFORMANCE MEASURE # 01

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

Annual Objective and Performance Data					
	2006	2007	2008	2009	2010
Annual Performance Objective	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Annual Indicator	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
Numerator	<u>22</u>	<u>35</u>	<u>33</u>	<u>48</u>	<u>60</u>
Denominator	<u>22</u>	<u>35</u>	<u>33</u>	<u>48</u>	<u>60</u>
Data Source			Newborn Screening Data	Newborn Screening Data	Newborn Screening Data
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.</p> <p><i>(Explain data in a year note. See Guidance, Appendix IX.)</i></p>					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2011	2012	2013	2014	2015
Annual Performance Objective	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

None

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

Annual Objective and Performance Data					
	2006	2007	2008	2009	2010
Annual Performance Objective	65	65	65	65	65
Annual Indicator	56.9	61.1	61.1	61.1	61.1
Numerator					
Denominator					
Data Source			National Survey of CSHCN, 2005-2006	National Survey of CSHCN, 2005-2006	National Survey of CSHCN, 2005-2006
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	

Annual Objective and Performance Data					
	2011	2012	2013	2014	2015
Annual Performance Objective	65	65	65	65	
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2010**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

2. Section Number: Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2009**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

3. Section Number: Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2008**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

Annual Objective and Performance Data					
	2006	2007	2008	2009	2010
Annual Performance Objective	60	60	50	50	50
Annual Indicator	52.8	48.1	48.1	48.1	48.1
Numerator					
Denominator					
Data Source			National Survey of CSHCN, 2005-2006	National Survey of CSHCN, 2005-2006	National Survey of CSHCN, 2005-2006
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i> Is the Data Provisional or Final?					
				Final	

Annual Objective and Performance Data					
	2011	2012	2013	2014	2015
Annual Performance Objective	50	50	50	50	
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2010**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

2. Section Number: Form11_Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2009**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

3. Section Number: Form11_Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2008**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

Annual Objective and Performance Data					
	2006	2007	2008	2009	2010
Annual Performance Objective	70	70	65	65	65
Annual Indicator	66.7	63.2	63.2	63.2	63.2
Numerator					
Denominator					
Data Source			National Survey of CSHCN, 2005-2006	National Survey of CSHCN, 2005-2006	National Survey of CSHCN, 2005-2006
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	

Annual Objective and Performance Data					
	2011	2012	2013	2014	2015
Annual Performance Objective	65	65	65	65	
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2010

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

2. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2009

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

3. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2008

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

Annual Objective and Performance Data					
	2006	2007	2008	2009	2010
Annual Performance Objective	80	80	90	90	90
Annual Indicator	72	88.1	88.1	88.1	88.1
Numerator					
Denominator					
Data Source			National Survey of CSHCN, 2005-2006	National Survey of CSHCN, 2005-2006	National Survey of CSHCN, 2005-2006
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	

Annual Objective and Performance Data					
	2011	2012	2013	2014	2015
Annual Performance Objective	92	92	92	92	
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2010**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

2. Section Number: Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2009**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

3. Section Number: Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2008**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

Annual Objective and Performance Data					
	2006	2007	2008	2009	2010
Annual Performance Objective	20	25	45	45	45
Annual Indicator	5.8	42.4	42.4	42.4	42.4
Numerator					
Denominator					
Data Source			National Survey of CSHCN, 2005-2006	National Survey of CSHCN, 2005-2006	National Survey of CSHCN, 2005-2006
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	

Annual Objective and Performance Data					
	2011	2012	2013	2014	2015
Annual Performance Objective	45	50	50	50	
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2010**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

2. Section Number: Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2009**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

3. Section Number: Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2008**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

Annual Objective and Performance Data

	2006	2007	2008	2009	2010
Annual Performance Objective	90	90	80	82	74
Annual Indicator	76	78.9	80.3	71.8	65.3
Numerator					
Denominator					
Data Source			National Immunization Survey	National Immunization Survey	National Immunization Survey
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data

	2011	2012	2013	2014	2015
Annual Performance Objective	70	70	72	72	74
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2010**Field Note:**

2009 National Immunization Data, Q1-Q4 (4:3:1:3:3:1). Confidence Interval +/- 7.1 %. There is not statistically significant difference between rates reported for 2009 and 2010.

2. Section Number: Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2009**Field Note:**

National Immunization Survey, Selected Vaccination Series by 19-35 Months of Age, Delaware 4:3:1:3:3:1. Estimated Vaccination Coverage, 2008. Confidence interval for the estimate is +/- 6.8. Note that the CIs for the 2007-2008 Surveys overlap. There is not statistically significant difference for the 2008-2009 estimates.

3. Section Number: Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2008**Field Note:**

National Immunization Survey, Selected Vaccination Series by 19-35 Months of Age, Delaware 4:3:1:3:3:1. Estimated Vaccination Coverage, 2007. Confidence interval for the estimate is +/- 5.7.

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	27	26	20	20	20
Annual Indicator	22.0	22.0	21.2	21.2	21.2
Numerator	386	387	369	369	369
Denominator	17,572	17,600	17,439	17,439	17,439
Data Source			Delaware Vital Statistics, 2007	Delaware Vital Statistics, 2007	Delaware Vital Statistics
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2011	2012	2013	2014	2015
Annual Performance Objective	20	20	19.5	19.5	19.5
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #8**Field Name:** PM08**Row Name:****Column Name:****Year:** 2010**Field Note:**

2008 Vital Statistics Data.

2. Section Number: Form11_Performance Measure #8**Field Name:** PM08**Row Name:****Column Name:****Year:** 2009**Field Note:**

2008 Delaware Vital Stats Data.

3. Section Number: Form11_Performance Measure #8**Field Name:** PM08**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 data are not available. It is anticipated that 2008 data will become available in early 2011.

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	35	40	35	35	35
Annual Indicator	34	34	34	34	34
Numerator					
Denominator					
Data Source			Delaware Dental Survey	Delaware Dental Survey	Delaware Dental Sealant Program
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2011	2012	2013	2014	2015
Annual Performance Objective	35	37	37	39	39
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2010**Field Note:**

The 2009 indicator is based on a 2002 statewide survey of third grade children. More recent estimates are not available at this time.

2. Section Number: Form11_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2009**Field Note:**

The 2009 indicator is based on a 2002 statewide survey of third grade children. More recent estimates are not available at this time.

2010 Sealant Stats for the Oral Health Program:

of Children Screened (2nd grade): 30

of Children w/ Caries Presence (Decay): 18

of Total Sealants Placed: 68

#Regular Referral: 15

#Urgent Referral: 5 (urgent is classified when pain or infection present within diagnosis of decay/ extraction)

3. Section Number: Form11_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2008**Field Note:**

The 2008 indicator is based on a 2002 statewide survey of third grade children. More recent estimates are not available at this time.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	2.5	2.5	1.7	1.7	1.7
Annual Indicator	1.8	1.8	3.6	3.6	3.6
Numerator	9	9	6	6	6
Denominator	500,732	500,732	168,041	168,041	168,041
Data Source			Hospital Discharge Data, 2005	Delaware Vital Stats Data	Delaware Vital Stats Data.
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2011	2012	2013	2014	2015
Annual Performance Objective	3.4	3.4	3.2	3.2	3.2
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2010
Field Note:
 2008 Delaware Vital Stats Data.
- Section Number:** Form11_Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2009
Field Note:
 2008 Delaware Vital Stats Data. - Note: This is a one year rate for 2008. Previously reported data were reported as three year moving averages due to a small number of occurrences.
- Section Number:** Form11_Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2008
Field Note:
 2008 Delaware Vital Stats Data. - Note: This is a one year rate for 2008. Previously reported data were reported as three year moving averages due to a small number of occurrences.

PERFORMANCE MEASURE # 11

The percent of mothers who breastfeed their infants at 6 months of age.

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	12	36	36	32	34
Annual Indicator	35.7	30.6	30.6	32.8	43.2
Numerator					
Denominator					
Data Source			National Immunization Survey	National Immunization Survey	National Immunization Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2011	2012	2013	2014	2015
Annual Performance Objective	44	45	45	46	46
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #11
Field Name: PM11
Row Name:
Column Name:
Year: 2010
Field Note:
 2007 National Immunization Survey. Breastfeeding at 6 Months (n=268). Confidence Interval +/-6.7%.
- Section Number:** Form11_Performance Measure #11
Field Name: PM11
Row Name:
Column Name:
Year: 2009
Field Note:
 2006 National Immunization Survey (32.5% +/- 6.6%) - Any breastfeeding at 6 months of age.
- Section Number:** Form11_Performance Measure #11
Field Name: PM11
Row Name:
Column Name:
Year: 2008
Field Note:
 2005 National Immunization Survey, CDC.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

Annual Objective and Performance Data

	2006	2007	2008	2009	2010
Annual Performance Objective	100	100	100	100	100
Annual Indicator	98.4	93.7	98.7	99.4	99.4
Numerator	12,147	11,864	12,468	12,079	12,079
Denominator	12,342	12,666	12,627	12,153	12,153

Data SourceDelaware Newborn
Hearing Screening
ProgramDelaware Newborn
Screening ProgramDelaware Newborn
Screening Program

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.
 (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2011	2012	2013	2014	2015
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

None

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	8	8	12	10	9.2
Annual Indicator	12.3	12.3	10.5	9.4	8.5
Numerator	24,992	24,992			
Denominator	203,188	203,188			
Data Source			Kids Count Fact Book, 2009	2010 Kids Count Fact Book, 2009	2011 Kids Count Fact Book
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2011	2012	2013	2014	2015
Annual Performance Objective	8	8	7.8	7.8	7.8
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2010

Field Note:

This is a percent based on estimates from the Center for Applied Demography and Survey Research (Three year average 2007-2009).

2. **Section Number:** Form11_Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2009

Field Note:

This is a percent based on estimates from the Center for Applied Demography and Survey Research (Three year average 2007-2009).

3. **Section Number:** Form11_Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2008

Field Note:

This is a percent based on estimates from the Center for Applied Demography and Survey Research (Three year average 2006-2008).

PERFORMANCE MEASURE # 14

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

Annual Objective and Performance Data

	2006	2007	2008	2009	2010
Annual Performance Objective	33	33	20	20	15
Annual Indicator	27.8	28.4	20.2	16.0	20.6
Numerator	2,712	2,814	2,075	2,075	2,669
Denominator	9,763	9,920	10,264	12,962	12,937

Data SourceDelaware WIC
ProgramDelaware WIC
ProgramDelaware WIC
Program

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2011	2012	2013	2014	2015
Annual Performance Objective	20.4	20.2	20	19.8	19.6
Annual Indicator					
Numerator					
Denominator					

Field Level Notes1. **Section Number:** Form11_Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2010**Field Note:**

Delaware WIC Program Data for Calendar Year 2010

PERFORMANCE MEASURE # 15

Percentage of women who smoke in the last three months of pregnancy.

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	11	10.9	6.5	6.6	9.4
Annual Indicator	6.8	6.8	9.6	9.6	9.6
Numerator	814	814	1,157	1,157	1,157
Denominator	11,898	11,898	12,016	12,016	12,016
Data Source			Delaware Vital Statistics	Delaware Vital Statistics	Delaware Vital Statistics
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2011	2012	2013	2014	2015
Annual Performance Objective	9.4	9.2	9	8.8	8.8
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2010**Field Note:**

2008 Delaware Vital Statistics Data.

2. Section Number: Form11_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2009**Field Note:**

2008 Delaware Vital Statistics Data.

3. Section Number: Form11_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 Delaware Vital Statistics Data.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

	<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009	2010
Annual Performance Objective	5.5	5.4	5.4	13	8
Annual Indicator	13.5	8.3	3.4	3.4	3.4
Numerator	8	5	2	2	2
Denominator	59,228	59,899	59,701	59,701	59,701
Data Source			Delaware Vital Statistics	Delaware Vital Statistics	Delaware Vital Statistics Data
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2011	2012	2013	2014	2015
Annual Performance Objective	3.2	3.2	3	3	2.8
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2010**Field Note:**

2008 Delaware Vital Statistics Data

2. Section Number: Form11_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2009**Field Note:**

2008 Delaware Vital Statistics Data

3. Section Number: Form11_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 Delaware Vital Statistics Data

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	90	90	80	80	92
Annual Indicator	79.3	90.5	77.5	77.5	77.5
Numerator	188	182	172	172	172
Denominator	237	201	222	222	222
Data Source			2007 Delaware Vital Statistics	2007 Delaware Vital Statistics	2008 Delaware Vital Statistics Data
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2011	2012	2013	2014	2015
Annual Performance Objective	78	78	78.2	78.4	78.6
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2010**Field Note:**

2008 Delaware Vital Statistics Data

2. Section Number: Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2009**Field Note:**

2008 Delaware Vital Statistics Data

3. Section Number: Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 Vital Statistics Data

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

Annual Objective and Performance Data					
	2006	2007	2008	2009	2010
Annual Performance Objective	90	90	75	75	68
Annual Indicator	73.9	66.9	72.7	72.7	72.7
Numerator	8,796	8,092	8,739	8,739	8,739
Denominator	11,898	12,097	12,016	12,016	12,016
Data Source			Delaware Vital Statistics	Delaware Vital Statistics	Delaware Vital Statistics
Do not report the numerator because there are fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data					
	2011	2012	2013	2014	2015
Annual Performance Objective	73	73	74	76	76
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2010**Field Note:**

2008 Delaware Vital Statistics Data

2. Section Number: Form11_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2009**Field Note:**

2008 Delaware Vital Statistics Data

3. Section Number: Form11_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 Delaware Vital Statistics Data

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: DE

Form Level Notes for Form 11

None

STATE PERFORMANCE MEASURE # 1 - REPORTING YEAR

The rate of infant deaths between birth and 1 year of life.

Annual Objective and Performance Data					
	2006	2007	2008	2009	2010
Annual Performance Objective				<u>8</u>	<u>8</u>
Annual Indicator	<u>8.3</u>	<u>8.3</u>	<u>8.4</u>	<u>8.4</u>	<u>8.4</u>
Numerator	<u>99</u>	<u>99</u>	<u>101</u>	<u>101</u>	<u>101</u>
Denominator	<u>11,898</u>	<u>11,898</u>	<u>12,016</u>	<u>12,016</u>	<u>12,016</u>
Data Source			Delaware Vital Statistics	Delaware Vital Stats	Delaware Vital Stats
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data					
	2011	2012	2013	2014	2015
Annual Performance Objective	<u>7.8</u>	<u>7.8</u>	<u>7.8</u>	<u>7.7</u>	<u>7.7</u>
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_State Performance Measure #1
Field Name: SM1
Row Name:
Column Name:
Year: 2010
Field Note:
 2008 Delaware Vital Statistics Data
- Section Number:** Form11_State Performance Measure #1
Field Name: SM1
Row Name:
Column Name:
Year: 2009
Field Note:
 2008 Delaware Vital Statistics Data
- Section Number:** Form11_State Performance Measure #1
Field Name: SM1
Row Name:
Column Name:
Year: 2008
Field Note:
 2008 Delaware Vital Statistics Data

STATE PERFORMANCE MEASURE # 2 - REPORTING YEAR

The rate of live births at 32 to 36 weeks of gestation(preterm birth).

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective				110	108
Annual Indicator	112.4	112.4	102.5	102.5	102.5
Numerator	1,337	1,337	1,232	1,232	1,232
Denominator	11,898	11,898	12,016	12,016	12,016
Data Source			Delaware Vital Statistics	Delaware Vital Statistics	Delaware Vital Statistics
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2011	2012	2013	2014	2015
Annual Performance Objective	106	106	105	105	104
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2010**Field Note:**

2008 Delaware Vital Statistics Data

2. Section Number: Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2009**Field Note:**

2008 Delaware Vital Statistics Data

3. Section Number: Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 Delaware Vital Statistics Data

STATE PERFORMANCE MEASURE # 3 - REPORTING YEAR

The rate of low birth weight and very low birth weight deliveries.

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective				92	90
Annual Indicator	94.0	94.0	84.9	84.9	84.9
Numerator	1,119	1,119	1,020	1,020	1,020
Denominator	11,898	11,898	12,016	12,016	12,016
Data Source			Delaware Vital Statistics	Delaware Vital Statistics	Delaware Vital Statistics
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2011	2012	2013	2014	2015
Annual Performance Objective	84	84	83	83	82
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2009**Field Note:**

2008 Delaware Vital Statistics Data

2. Section Number: Form11_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 Delaware Vital Statistics Data

STATE PERFORMANCE MEASURE # 4 - REPORTING YEAR

The percent of children and adolescents who are overweight or obese.

<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009
Annual Performance Objective				16
Annual Indicator		17	33.2	33.2
Numerator				
Denominator				
Data Source			2011 KIDS Count Fact Book	2011 KIDS Count Fact Book
Is the Data Provisional or Final?				Provisional

<u>Annual Objective and Performance Data</u>				
	2011	2012	2013	2014
Annual Performance Objective	33	33	32	32
Annual Indicator				
Numerator				
Denominator				

Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2010**Field Note:**

Childhood Obesity Action Network. State Obesity Profiles, 2009. National Initiative for Children's Healthcare Quality, Child Policy Research Center, and Child and Adolescent Health Measurement Initiative

2. Section Number: Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2009**Field Note:**

Childhood Obesity Action Network. State Obesity Profiles, 2009. National Initiative for Children's Healthcare Quality, Child Policy Research Center, and Child and Adolescent Health Measurement Initiative

3. Section Number: Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2008**Field Note:**

Childhood Obesity Action Network. State Obesity Profiles, 2009. National Initiative for Children's Healthcare Quality, Child Policy Research Center, and Child and Adolescent Health Measurement Initiative

STATE PERFORMANCE MEASURE # 5 - REPORTING YEAR

The percent of women of childbearing age (15-44) who are obese (BMI 30 or higher).

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective				26	26
Annual Indicator		27	27	27	27
Numerator					
Denominator					
Data Source			Delaware BRFSS	Delaware BRFSS	Delaware BRFSS
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2011	2012	2013	2014	2015
Annual Performance Objective	25	25	24	24	23
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2010**Field Note:**

Percent of women 25-34, 2007 YRBS

2. Section Number: Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2009**Field Note:**

Percent of women 25-34, 2007 YRBS

3. Section Number: Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2008**Field Note:**

Percent of women 25-34, 2007 YRBS

STATE PERFORMANCE MEASURE # 6 - REPORTING YEAR

The mortality rate among children and youth (0-21 years) due to unintentional injuries.

Annual Objective and Performance Data					
	2006	2007	2008	2009	2010
Annual Performance Objective				10.5	10.5
Annual Indicator		16.1	12.8	12.8	12.8
Numerator			32	32	32
Denominator			250,636	250,636	250,636
Data Source			Delaware Health Statistics	Delaware Health Statistics	Delaware Health Statistics
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2011	2012	2013	2014	2015
Annual Performance Objective	<u>12.6</u>	<u>12.6</u>	<u>12.4</u>	<u>12.4</u>	<u>12.2</u>
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2010**Field Note:**

2008 Delaware Vital Statistics

2. Section Number: Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2009**Field Note:**

2008 Delaware Vital Statistics

3. Section Number: Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 Delaware Vital Statistics

STATE PERFORMANCE MEASURE # 7 - REPORTING YEAR

The percent of Delaware public high school students who currently smoke.

<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009
Annual Performance Objective				10
Annual Indicator	18.2	18.2	19.1	19.1
Numerator				
Denominator				
Data Source			Delaware YRBS	Delaware YRBS
Is the Data Provisional or Final?				Provisional

<u>Annual Objective and Performance Data</u>				
	2011	2012	2013	2014
Annual Performance Objective	18.8	18.8	18.6	18.6
Annual Indicator				
Numerator				
Denominator				

Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2010**Field Note:**

2009 YRBS

2. Section Number: Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2009**Field Note:**

2009 YRBS

3. Section Number: Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2008**Field Note:**

2009 YRBS

STATE PERFORMANCE MEASURE # 8 - REPORTING YEAR

The percent of benchmark measures completed for implementation of a formal umbrella structure for organizations serving families with children with special health care needs in Delaware.

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective				60	80
Annual Indicator			20.0	60.0	80.0
Numerator			1	3	4
Denominator			5	5	5
Data Source			State Title V Program Data	State Title V Program	State Title V Program
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2011	2012	2013	2014	2015
Annual Performance Objective	100	100	100	100	100
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

None

STATE PERFORMANCE MEASURE # 9 - REPORTING YEAR

The percentage of children aged 4 months to 5 years with no or low risk for developmental, behavioral or social delays.

<u>Annual Objective and Performance Data</u>				
	2006	2007	2008	2009
Annual Performance Objective				76
Annual Indicator			74	74
Numerator				
Denominator				
Data Source			NSCH, 2007	NSCH, 2007
Is the Data Provisional or Final?				Provisional

<u>Annual Objective and Performance Data</u>				
	2011	2012	2013	2014
Annual Performance Objective	78	78	80	80
Annual Indicator				
Numerator				
Denominator				

Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2010**Field Note:**

2007 National Survey on Children's Health

2. Section Number: Form11_State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2009**Field Note:**

2007 National Survey on Children's Health

3. Section Number: Form11_State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2008**Field Note:**

2007 National Survey on Children's Health

STATE PERFORMANCE MEASURE # 10 - REPORTING YEAR

The percent of health indicators that improve across four domains (child health, mental health, health care access and quality, and family health) for children with special health care needs.

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective					0
Annual Indicator					
Numerator					
Denominator					
Data Source					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2011	2012	2013	2014	2015
Annual Performance Objective	20	20	30	30	30
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #10**Field Name:** SM10**Row Name:****Column Name:****Year:** 2010**Field Note:**

The indicators for the index measure are derived from the National Survey of Children's Health. Baseline data was established from the 2007 NSCH Survey (NSCH Health Disparities Snapshot). For the indicators selected at baseline, CSHCN and their families were significantly different than children and their families without special health care needs. Since this is a measure based on improvement - reducing the disparities between CSHCN and those without special health care needs, the baseline indicator for 2011 is set at zero (0).

2. Section Number: Form11_State Performance Measure #10**Field Name:** SM10**Row Name:****Column Name:****Year:** 2009**Field Note:**

The indicators for the index measure are derived from the National Survey of Children's Health. Baseline data was established from the 2007 NSCH Survey (NSCH Health Disparities Snapshot). For the indicators selected at baseline, CSHCN and their families were significantly different than children and their families without special health care needs. Since this is a measure based on improvement - reducing the disparities between CSHCN and those without special health care needs, the baseline indicator for 2011 is set at zero (0).

3. Section Number: Form11_State Performance Measure #10**Field Name:** SM10**Row Name:****Column Name:****Year:** 2008**Field Note:**

The indicators for the index measure are derived from the National Survey of Children's Health. Baseline data was established from the 2007 NSCH Survey (NSCH Health Disparities Snapshot). For the indicators selected at baseline, CSHCN and their families were significantly different than children and their families without special health care needs. Since this is a measure based on improvement - reducing the disparities between CSHCN and those without special health care needs, the baseline indicator for 2011 is set at zero (0).

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: DE

Form Level Notes for Form 12

None

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2006	2007	2008	2009	2010
Annual Performance Objective	6.9	6.9	6.9	6.9	6.9
Annual Indicator	8.3	7.4	8.4	8.4	8.4
Numerator	99	90	101	101	101
Denominator	11,898	12,097	12,016	12,016	12,016
Data Source			Delaware Vital Statistics Data	Delaware Vital Statistics Data	Delaware Vital Statistics Data

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2011	2012	2013	2014	2015
Annual Performance Objective	7.8	7.8	7.8	7.7	7.7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2010

Field Note:

2008 Delaware Vital Statistics

2. **Section Number:** Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2009

Field Note:

2008 Delaware Vital Statistics

3. **Section Number:** Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2008

Field Note:

2008 Delaware Vital Statistics

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	2.2	2.2	2.1	2.1	2.4
Annual Indicator	2.5	2.5	2.5	2.5	2.5
Numerator	16.1	15.6	15.3	15.3	15.3
Denominator	6.4	6.2	6.2	6.1	6.1
Data Source			Delaware Vital Statistics Data	Delaware Vital Statistics Date	Delaware Vital Statistics Data
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2011	2012	2013	2014	2015
Annual Performance Objective	2.4	2.3	2.3	2.2	2.2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form12_Outcome Measure 2**Field Name:** OM02**Row Name:****Column Name:****Year:** 2010**Field Note:**

2008 Delaware Vital Statistics Data

2. Section Number: Form12_Outcome Measure 2**Field Name:** OM02**Row Name:****Column Name:****Year:** 2009**Field Note:**

2008 Delaware Vital Statistics Data

3. Section Number: Form12_Outcome Measure 2**Field Name:** OM02**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 Delaware Vital Statistics Data

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

<u>Annual Objective and Performance Data</u>					
	2006	2007	2008	2009	2010
Annual Performance Objective	5	5	5	5	5.2
Annual Indicator	6.1	5.3	5.7	5.7	5.7
Numerator	72	64	68	68	68
Denominator	11,898	12,097	12,016	12,016	12,016
Data Source			Delaware Vital Statistics Data	Delaware Vital Statistics Data	Delaware Vital Statistics Data
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2011	2012	2013	2014	2015
Annual Performance Objective	5.6	5.6	5.5	5.4	5.3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2010**Field Note:**

2008 Delaware Vital Statistics Data

2. Section Number: Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2009**Field Note:**

2008 Delaware Vital Statistics Data

3. Section Number: Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 Delaware Vital Statistics Data

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2006	2007	2008	2009	2010
Annual Performance Objective	2.3	2.3	2.2	2.2	2
Annual Indicator	2.3	2.1	2.7	2.7	2.7
Numerator	27	26	33	33	33
Denominator	11,898	12,097	12,016	12,016	12,016
Data Source			2008 Delaware Vital Statistics Data	2008 Delaware Vital Statistics Data	2008 Delaware Vital Statistics Data
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2011	2012	2013	2014	2015
Annual Performance Objective	2.6	2.6	2.5	2.5	2.4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form12_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2010**Field Note:**

2008 Delaware Vital Statistics Data

2. Section Number: Form12_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2009**Field Note:**

2008 Delaware Vital Statistics Data

3. Section Number: Form12_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 Delaware Vital Statistics Data

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

Annual Objective and Performance Data

	2006	2007	2008	2009	2010
Annual Performance Objective	8.3	8.3	8.2	8.2	7.1
Annual Indicator	8.0	7.2	7.7	7.7	7.7
Numerator	95	88	93	93	93
Denominator	11,898	12,159	12,016	12,016	12,016
Data Source			2008 Delaware Vital Statistics Data	2008 Delaware Vital Statistics Data	2008 Delaware Vital Statistics Data
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2011	2012	2013	2014	2015
Annual Performance Objective	7.6	7.6	7.5	7.5	7.4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form12_Outcome Measure 5**Field Name:** OM05**Row Name:****Column Name:****Year:** 2010**Field Note:**

2008 Delaware Vital Statistics Data

2. Section Number: Form12_Outcome Measure 5**Field Name:** OM05**Row Name:****Column Name:****Year:** 2009**Field Note:**

2008 Delaware Vital Statistics Data

3. Section Number: Form12_Outcome Measure 5**Field Name:** OM05**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 Delaware Vital Statistics Data

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

Annual Objective and Performance Data

	2006	2007	2008	2009	2010
Annual Performance Objective	21.2	21	21	21	9.5
Annual Indicator	12.8	9.6	14.7	14.7	14.7
Numerator	20	15	23	23	23
Denominator	155,841	156,590	156,377	156,377	156,377
Data Source			2008 Delaware Vital Statistics Data	2008 Delaware Vital Statistics Data	2008 Delaware Vital Statistics Data
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2011	2012	2013	2014	2015
Annual Performance Objective	9.5	9.5	9.4	9.4	9.4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2010

Field Note:

2008 Delaware Vital Statistics Data

2. Section Number: Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2009

Field Note:

2008 Delaware Vital Statistics Data

3. Section Number: Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2008

Field Note:

2008 Delaware Vital Statistics Data

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: DE

Form Level Notes for Form 12

None

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: DE

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

3

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

2

4. Family members are involved in service training of CSHCN staff and providers.

3

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

3

6. Family members of diverse cultures are involved in all of the above activities.

2

Total Score: 16

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: DE FY: 2012

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. The infant mortality rate in Delaware should be reduced.
2. The incidence of low birth weight and preterm births should be reduced.
3. The prevalence of obesity among children and teens should be reduced.
4. The prevalence of obesity among women of childbearing age should be reduced.
5. The incidence of unintentional injury and the mortality rate among children and youth should be reduced.
6. The prevalence of smoking among teens should be reduced.
7. A multi-faceted approach to providing support to organizations serving families with children with special health care needs should be implemented statewide.
8. Developmental delay in early childhood should be identified early and appropriate intervention services should be provided to children at risk of developmental delay.
9. Health disparities among Families with Children with Special Health Care Needs should be reduced.
10. Oral health preventive and treatment services should be made available to children, including children with special health care needs

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: DE

APPLICATION YEAR: 2012

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Delaware MCH is requesting assistance with building capacity to develop cultural and linguistic competence.	There is a rapid growth in the proportion of persons of hispanic ethnicity in the state's population. This T/A will support professional development regarding cultural competence.	To be determined.
2.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Organizational Development, Conflict Resolution and Consensus Building	An identified need for better communication skills among CSHCN partners throughout the state.	To be determined.
3.	Other If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Best Practices - Public Input Strategies for the MCH Block Grant Application	It has been a challenge to collect adequate public input regarding the MCH Application	To be determined.
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: DE

SP() # 1

PERFORMANCE MEASURE:

The rate of infant deaths between birth and 1 year of life.

STATUS:

Active

GOAL

Reduce the Statewide infant mortality rate to 4.5 per 1,000 live births.

DEFINITION

The number of deaths of infants (one year of age or younger) per 1000 live births

Numerator:

The number of deaths to live born infants aged 0-364 days during the year.

Denominator:

Number of live births during the year.

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

16-1c. Reduce fetal and infant deaths.

Infant death is a critical indicator of the health of a population. It reflects the overall state of maternal health as well as the quality and accessibility of primary health care available to pregnant women and infants (Healthy People 2010).

DATA SOURCES AND DATA ISSUES

Delaware Vital Statistics

SIGNIFICANCE

Infant Mortality is an important measure of a nation's health and a worldwide indicator of health status and social well-being. Delaware is ranked 5th highest in infant mortality nationwide.

SP() # 2

PERFORMANCE MEASURE:

The rate of live births at 32 to 36 weeks of gestation(preterm birth).

STATUS:

Active

GOAL

Reduce the rate of live births at 32 to 26 weeks of gestation to 96 per 1,000.

DEFINITION

The rate of live births at gestational ages of 32 to 36 weeks during the year per 1,000 live births.

Numerator:

The number of live births at gestational ages of 32 to 36 weeks during the year.

Denominator:

The number of live births during the year.

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

16-11b. Reduce preterm births.

Approximately two-thirds of LBW infants and 98 percent of VLBW infants are born preterm. In addition, preterm birth is the leading cause of those neonatal deaths not associated with birth defects (Healthy People 2010).

DATA SOURCES AND DATA ISSUES

Delaware Vital Statistics Birth Records.

SIGNIFICANCE

Short gestation is one of the primary causes of infant mortality. Four conditions (birth defects, conditions related to short gestation/low birth weight, SIDS and respiratory distress syndrome) account for more than half of all infant deaths nationwide.

SP() # 3

PERFORMANCE MEASURE:

The rate of low birth weight and very low birth weight deliveries.

STATUS:

Active

GOAL

Reduce the rate of infants born at less than 2,500 grams to 5.9 per 1,000 live births.

DEFINITION

The rate of live births with a birth weight of less than 2,500 grams per 1,000 live births.

Numerator:

The number of live births with a birth weight of less than 2,500 grams.

Denominator:

The number of live births.

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

16-10. Reduce low birth weight (LBW) and very low birth weight (VLBW).
LBW is the risk factor most closely associated with neonatal death; thus, improvements in infant birth weight can contribute substantially to reductions in the infant mortality rate (Healthy People 2010).

DATA SOURCES AND DATA ISSUES

Delaware Vital Statistics Birth Records

SIGNIFICANCE

LBW/VLBW is the risk factor most closely associated with neonatal death; thus, improvements in infant birth weight can contribute substantially to reductions in the infant mortality rate.

SP() # 4

PERFORMANCE MEASURE:

The percent of children and adolescents who are overweight or obese.

STATUS:

Active

GOAL

Reduce the number of children that are overweight or obese to 5 percent.

DEFINITION

The percent of children aged 6 to 19 years that are overweight or obese.

Numerator:

The number of children aged 6 to 19 years that are overweight or obese.

Denominator:

The number of children aged 6 to 19 years.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

19-3. Reduce the proportion of children and adolescents who are obese or overweight.

Maintenance of a healthy weight is a major goal in the effort to reduce the burden of illness and its consequent reduction in quality of life and life expectancy (Healthy People 2010).

DATA SOURCES AND DATA ISSUES

Delaware Youth Risk Behavior Survey.

SIGNIFICANCE

Obesity and overweight are at epidemic proportions nationwide. In Delaware, over a third of children are overweight. This increases health risks, including risk for chronic health conditions.

SP() # 5

PERFORMANCE MEASURE:

The percent of women of childbearing age (15-44) who are obese (BMI 30 or higher).

STATUS:

Active

GOAL

Reduce the percent of women aged 15 to 44 years that are obese to 15%.

DEFINITION

The percent of women aged 15 to 44 that have a Body Mass Index of 30 or higher.

Numerator:

The number of women aged 15 to 44 years with a BMI equal to or greater than 30.

Denominator:

The number of women aged 15 to 44 years.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

19-2. Reduce the proportion of adults who are obese.

Maintenance of a healthy weight is a major goal in the effort to reduce the burden of illness and its consequent reduction in quality of life and life expectancy.

DATA SOURCES AND DATA ISSUES

Delaware Behavioral Risk Factor Surveillance.

SIGNIFICANCE

Obesity among women of childbearing age increases the overall risk of mortality for women and increases the risk for complications of pregnancy including hypertension and gestational diabetes.

PERFORMANCE MEASURE:	The mortality rate among children and youth (0-21 years) due to unintentional injuries.
STATUS:	Active
GOAL	Reduce the mortality rate due to unintentional injuries among children and youth age 0-21 years to 17.5 per 100,000.
DEFINITION	<p>The rate of deaths to children aged 0-21 due to unintentional injuries per 100,000 children aged 0-21 years.</p> <p>Numerator: The number of deaths to children aged 0-21 years due to unintentional injuries.</p> <p>Denominator: The number of children age 0-21 years.</p> <p>Units: 100000 Text: Rate</p>
HEALTHY PEOPLE 2010 OBJECTIVE	<p>15-13. Reduce deaths caused by unintentional injury.</p> <p>Injuries are a leading cause of death among children and youth nationwide and in Delaware.</p>
DATA SOURCES AND DATA ISSUES	Delaware Vital Statistics data.
SIGNIFICANCE	Injuries are a leading cause of death among children and youth nationwide and in Delaware.

SP() # 7

PERFORMANCE MEASURE:

The percent of Delaware public high school students who currently smoke.

STATUS:

Active

GOAL

Reduce the percent of high school student who currently smoke to 10%.

DEFINITION

The percent of high school students (grades 9-12) that report smoking tobacco in the past 30 days.

Numerator:

The number of students in grades 9-12 that report smoking in the past 30 days.

Denominator:

The number of students in grades 9-12.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

27-2. Reduce tobacco use among adolescents.

Because tobacco use is linked with numerous adverse health outcomes, reducing tobacco use will reduce illness, disability, and death across a spectrum of conditions, including heart disease, cancer, and chronic lung disease (Healthy People 2010).

DATA SOURCES AND DATA ISSUES

Delaware Youth Risk Behavior Survey.

SIGNIFICANCE

There are approximately 430,000 tobacco related deaths each year nationwide. Since tobacco addiction usually begins in adolescence, the best way to reduce tobacco use is to prevent youth initiation of tobacco use.

PERFORMANCE MEASURE:

The percent of benchmark measures completed for implementation of a formal umbrella structure for organizations serving families with children with special health care needs in Delaware.

STATUS:

Active

GOAL

To increase the effectiveness and efficiency of organizations that serve families of children with special health care needs throughout Delaware.

DEFINITION

The percentage of performance benchmarks the Title V/CSHCN program has reached toward implementation of an overarching structure that supports organizations that serve families with CSHCN. Benchmarks: 1) complete key informant interviews and needs assessment of CSHCN organizations; 2) develop and issue a Request for Proposals for an "umbrella" organization in Delaware; 3) implement a contract with successful bidder; 4) formalize the structure and governance of the "umbrella" organization (executive board, advisory board, strategic plan, policies/procedures, etc.); 5) complete an implementation evaluation and long term business plan, including identification of funding streams.

Numerator:

Number of benchmarks Delaware has completed in implementing the CSHCN "umbrella" organization.

Denominator:

Total number of benchmarks (5)

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

None.

This performance measure is not directly related to a Healthy People 2010 Objective.

DATA SOURCES AND DATA ISSUES

Title V/CSHCN program data.

SIGNIFICANCE

Fragmentation of efforts with regard to services for families with children with special health care needs results in inefficient and less than optimal use of available resources. Under a shared structure, organizations that serve families of CSHCN will be able to collaborate and access resources for 1) information and referral; 2) development of organizational capacity; 3) training of parents and professionals; 4) funding; and 5) advocacy.

SP() # 9

PERFORMANCE MEASURE:

The percentage of children aged 4 months to 5 years with no or low risk for developmental, behavioral or social delays.

STATUS:

Active

GOAL

Increase the percentage of children with low/no risk of developmental, behavioral or social delays.

DEFINITION

The basic logic for scoring the PEDS© is that for specific ages there are age-specific parental concerns that are "predictive" of a child's risk for delays. The more concerns a parent has to items that are "predictive" of a child's risk, the more at risk the child is for delays. - Children whose parents' report concerns to 2 or more items predictive of delays, are identified as at "high risk". - Children whose parents' have concerns to one item that is predictive of a delay are identified as at "moderate risk". - Children whose parents have concerns, but those concerns are not predictive of delays are identified at "low risk". - Lastly, children whose parents have no concerns to any of the eight items asked, are identified as "no risk". (NSCH, 2007).

Numerator:

Number of Children with no or low-risk for developmental, behavioral or social delay.

Denominator:

Number of Children aged 4 months through 5 years.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

None.

This objective is not directly related to a Healthy People 2010 Objective.

DATA SOURCES AND DATA ISSUES

NSCH, PEDS results, State Surveys.

SIGNIFICANCE

Developmental, behavioral and social delays adversely affect an optimal health trajectory for children throughout their life.

PERFORMANCE MEASURE:

The percent of health indicators that improve across four domains (child health, mental health, health care access and quality, and family health) for children with special health care needs.

STATUS:

Active

GOAL

To eliminate health disparities for families of children with special health care needs throughout Delaware, we must ensure access to the services, information and support they need to improve health. This measure seeks to eliminate health disparities between children with special needs and those children without special needs.

DEFINITION

This is an index measure based on the following indicators measured for CSHCN and children without special health care needs: 1) Percentage of children ages 0-17 whose overall health is excellent or very good; 2) Percentage of children ages 1-17 whose teeth are in excellent or very good condition; 3) Percentage of parents who report having a medical home; 4) Percentage of children ages 0-17 needing care coordination in the past year that received effective care coordination; 5) Percentage of children ages 0-17 who needed and had problems getting specialist care in the past year; 6) Percentage of mothers whose children ages 0-17 are currently reported in excellent or very good general health; 7) Percentage of mothers whose children are currently living in the same household living reported in excellent or very good mental health; 8) Percentage of fathers whose children are currently living in the same household reported to be in excellent or very good mental health.

Numerator:

The number of indicators which have improved for CSHCN (relative to children without special health care needs) since the previous National Survey of Children's Health.

Denominator:

The denominator is the number of total indicators in the index (8).

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Multiple Objectives

This state performance measure is related to multiple health objectives from Healthy People 2010. The SPM is also related to the overarching goal of HP 2010 to reduce health disparities.

DATA SOURCES AND DATA ISSUES

The indicators for the index measure are derived from the National Survey of Children's Health. Baseline data was established from the 2007 NSCH Survey (NSCH Health Disparities Snapshot). For the indicators selected at baseline, CSHCN and their families were significantly different than children and their families without special health care needs. Since this is a measure based on improvement - reducing the disparities between CSHCN and those without special health care needs, the baseline indicator for 2011 is set at zero (0).

SIGNIFICANCE

The reduction and elimination of health disparities among children with special health care needs and their families is an important priority of the Delaware CSHCN Program. This measure is an attempt to capture the effects of the implementation of a "Family Support Network" across a number of domains related to health among this population.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: DE

Form Level Notes for Form 17

None

HEALTH SYSTEMS CAPACITY #01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	<u>Annual Indicator Data</u>				
	2006	2007	2008	2009	2010
Annual Indicator	69.1	63.2	61.3	61.3	61.3
Numerator	378	362	353	353	353
Denominator	54,668	57,303	57,585	57,585	57,585

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

- Section Number:** Form17_Health Systems Capacity Indicator #01
Field Name: HSC01
Row Name:
Column Name:
Year: 2010
Field Note:
 2008 Delaware Vital Statistics Data
- Section Number:** Form17_Health Systems Capacity Indicator #01
Field Name: HSC01
Row Name:
Column Name:
Year: 2009
Field Note:
 2008 Delaware Vital Statistics Data
- Section Number:** Form17_Health Systems Capacity Indicator #01
Field Name: HSC01
Row Name:
Column Name:
Year: 2008
Field Note:
 2008 Delaware Vital Statistics Data

HEALTH SYSTEMS CAPACITY #02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	Annual Indicator Data				
	2006	2007	2008	2009	2010
Annual Indicator	<u>88.1</u>	<u>86.4</u>	<u>89.0</u>	<u>88.9</u>	<u>88.9</u>
Numerator	<u>5,421</u>	<u>5,761</u>	<u>6,143</u>	<u>5,973</u>	<u>5,973</u>
Denominator	<u>6,154</u>	<u>6,666</u>	<u>6,899</u>	<u>6,719</u>	<u>6,719</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

- Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2010

Field Note:

2009 Annual EPSDT Participation Report

- Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2009

Field Note:

2009 Annual EPSDT Participation Report

- Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2008

Field Note:

2008 CMS EPSDT Annual Report. Retrieved on 6/17/10 from http://www.cms.gov/MedicaidEarlyPeriodicScrn/03_StateAgencyResponsibilities.asp#TopOfPage.

HEALTH SYSTEMS CAPACITY #03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	Annual Indicator Data				
	2006	2007	2008	2009	2010
Annual Indicator	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Numerator	<u> 0 </u>	<u> 0 </u>	<u> 0 </u>	<u> 0 </u>	<u> 0 </u>
Denominator	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.	<u> </u>	<u> </u>	<u> Yes </u>	<u> Yes </u>	<u> </u>
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				<u> Final </u>	<u> Final </u>

Field Level Notes

- Section Number:** Form17_Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2010
Field Note:
All infants are eligible for Medicaid and therefore do not get SCHIP.
- Section Number:** Form17_Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2009
Field Note:
All infants are eligible for Medicaid and therefore do not get SCHIP.
- Section Number:** Form17_Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2008
Field Note:
All infants are eligible for Medicaid and therefore do not get SCHIP.

HEALTH SYSTEMS CAPACITY #04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	<u>Annual Indicator Data</u>				
	2006	2007	2008	2009	2010
Annual Indicator	71.3	68.4	74.8	74.8	74.8
Numerator	8,450	8,256	8,982	8,982	8,982
Denominator	11,857	12,069	12,016	12,016	12,016

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2010

Field Note:

2008 Delaware Vital Statistics Data

2. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2009

Field Note:

2008 Delaware Vital Statistics Data

3. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2008

Field Note:

2008 Delaware Vital Statistics Data

HEALTH SYSTEMS CAPACITY #07A

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	Annual Indicator Data				
	2006	2007	2008	2009	2010
Annual Indicator	<u>93.8</u>	<u>94.2</u>	<u>94.3</u>	<u>91.2</u>	<u>96.8</u>
Numerator	<u>81,133</u>	<u>89,704</u>	<u>94,332</u>	<u>96,861</u>	<u>107,430</u>
Denominator	<u>86,503</u>	<u>95,253</u>	<u>100,015</u>	<u>106,259</u>	<u>111,009</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A

Row Name:

Column Name:

Year: 2009

Field Note:

Division of Medicaid and Medical Assistance

HEALTH SYSTEMS CAPACITY #07B

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	2006	2007	Annual Indicator Data		
			2008	2009	2010
Annual Indicator	45.4	33.4	49.8	54.4	54.4
Numerator	7,472	5,684	8,880	10,234	10,234
Denominator	16,474	16,996	17,817	18,828	18,828

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer

than 5 and therefore a 3-year moving average cannot be

applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2010

Field Note:

2009 EPSDT Participation Report

2. **Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2009

Field Note:

2009 EPSDT Participation Report

3. **Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2008

Field Note:

2008 Annual EPSDT Participation Report.

HEALTH SYSTEMS CAPACITY #08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	Annual Indicator Data				
	2006	2007	2008	2009	2010
Annual Indicator	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
Numerator	<u>3,334</u>	<u>2,927</u>	<u>3,486</u>	<u>3,577</u>	<u>3,577</u>
Denominator	<u>3,334</u>	<u>2,927</u>	<u>3,486</u>	<u>3,577</u>	<u>3,577</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2010

Field Note:

2009 State SSI Beneficiaries Aged 17 and Under. www.statehealthfacts.org

2. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2009

Field Note:

2009 State SSI Beneficiaries Aged 17 and Under. www.statehealthfacts.org

3. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2008

Field Note:

SSI Annual Statistical Report, 2008

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: DE

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2008	Payment source from birth certificate	<u>9.7</u>	<u>7.4</u>	<u>8.5</u>
b) <i>Infant deaths per 1,000 live births</i>	2008	Payment source from birth certificate	<u>10.3</u>	<u>6.8</u>	<u>8.4</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2008	Payment source from birth certificate	<u>61.2</u>	<u>83.3</u>	<u>72.7</u>
d) <i>Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2008	Payment source from birth certificate	<u>65.2</u>	<u>83.9</u>	<u>74.8</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)
STATE: DE

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2010	<div style="text-align: right;">200</div>
b) <i>Medicaid Children</i> (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">1</div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">5</div>) (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">6</div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">19</div>) (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;"></div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;"></div>)	2010	<div style="text-align: right;">133</div> <div style="text-align: right;">100</div>
c) <i>Pregnant Women</i>	2010	<div style="text-align: right;">200</div>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)
STATE: DE

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>		_____
b) <i>Medicaid Children</i> (Age range _____ 1 to _____ 19) (Age range _____ to _____) (Age range _____ to _____)	2010	_____ 200 _____ _____
c) <i>Pregnant Women</i>		_____

FORM NOTES FOR FORM 18

None

FIELD LEVEL NOTES

1. **Section Number:** Form18_Indicator 06 - SCHIP
Field Name: SCHIP_Infant
Row Name: Infants
Column Name:
Year: 2012
Field Note:
Infants are not eligible. Infants receive Medicaid.
2. **Section Number:** Form18_Indicator 06 - SCHIP
Field Name: SCHIP_Women
Row Name: Pregnant Women
Column Name:
Year: 2012
Field Note:
Pregant women receive Medicaid.
3. **Section Number:** Form18_Indicator 05
Field Name: LowBirthWeight
Row Name: Percent of ow birth weight (<2,500 grams)
Column Name:
Year: 2012
Field Note:
2008 Delaware Vital Statistics Data
4. **Section Number:** Form18_Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2012
Field Note:
2008 Delaware Vital Statistics Data
5. **Section Number:** Form18_Indicator 05
Field Name: CareFirstTrimester
Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester
Column Name:
Year: 2012
Field Note:
2008 Delaware Vital Statistics Data
6. **Section Number:** Form18_Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2012
Field Note:
2008 Delaware Vital Statistics Data

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: DE

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	2	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	2	Yes
Annual linkage of birth certificates and WIC eligibility files	2	No
Annual linkage of birth certificates and newborn screening files	3	Yes
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	3	No
Annual birth defects surveillance system	3	Yes
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

*Where:

1 = No, the MCH agency does not have this ability.

2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.

3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: DE

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Other:		

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

None

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: DE

Form Level Notes for Form 20

None

HEALTH STATUS INDICATOR #01A

The percent of live births weighing less than 2,500 grams.

	Annual Indicator Data				
	2006	2007	2008	2009	2010
Annual Indicator	<u>9.3</u>	<u>9.2</u>	<u>8.5</u>	<u>8.5</u>	<u>8.5</u>
Numerator	<u>1,112</u>	<u>1,118</u>	<u>1,020</u>	<u>1,020</u>	<u>1,020</u>
Denominator	<u>11,898</u>	<u>12,097</u>	<u>12,016</u>	<u>12,016</u>	<u>12,016</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

- Section Number:** Form20_Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2010
Field Note:
 2008 Delaware Vital Statistics Data
- Section Number:** Form20_Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2009
Field Note:
 2008 Delaware Vital Statistics Data
- Section Number:** Form20_Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2008
Field Note:
 2008 Delaware Vital Statistics Data

HEALTH STATUS INDICATOR #01B

The percent of live singleton births weighing less than 2,500 grams.

	Annual Indicator Data				
	2006	2007	2008	2009	2010
Annual Indicator	<u>7.3</u>	<u>7.6</u>	<u>6.8</u>	<u>6.8</u>	<u>6.8</u>
Numerator	<u>833</u>	<u>885</u>	<u>785</u>	<u>785</u>	<u>785</u>
Denominator	<u>11,452</u>	<u>11,712</u>	<u>11,590</u>	<u>11,590</u>	<u>11,590</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2010**Field Note:**

2008 Delaware Vital Statistics Data

2. Section Number: Form20_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2009**Field Note:**

2008 Delaware Vital Statistics Data

3. Section Number: Form20_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 Delaware Vital Statistics Data

HEALTH STATUS INDICATOR #02A

The percent of live births weighing less than 1,500 grams.

	Annual Indicator Data				
	2006	2007	2008	2009	2010
Annual Indicator	<u>2.0</u>	<u>1.7</u>	<u>1.8</u>	<u>1.8</u>	<u>1.8</u>
Numerator	<u>237</u>	<u>201</u>	<u>222</u>	<u>222</u>	<u>222</u>
Denominator	<u>11,898</u>	<u>12,097</u>	<u>12,016</u>	<u>12,016</u>	<u>12,016</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2010**Field Note:**

2008 Delaware Vital Statistics Data

2. Section Number: Form20_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2009**Field Note:**

2008 Delaware Vital Statistics Data

3. Section Number: Form20_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 Delaware Vital Statistics Data

HEALTH STATUS INDICATOR #02B

The percent of live singleton births weighing less than 1,500 grams.

	Annual Indicator Data				
	2006	2007	2008	2009	2010
Annual Indicator	1.5	1.3	1.4	1.4	1.4
Numerator	175	149	164	164	164
Denominator	11,452	11,712	11,590	11,590	11,590

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2010**Field Note:**

2008 Delaware Vital Statistics Data

2. Section Number: Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2009**Field Note:**

2008 Delaware Vital Statistics Data

3. Section Number: Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 Delaware Vital Statistics Data

HEALTH STATUS INDICATOR #03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	Annual Indicator Data				
	2006	2007	2008	2009	2010
Annual Indicator	8.0	3.6	6.5	6.5	6.5
Numerator	11	6	11	11	11
Denominator	137,313	168,487	168,041	168,041	168,041

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2010

Field Note:

2008 Delaware Vital Statistics Data

2. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2009

Field Note:

2008 Delaware Vital Statistics Data

3. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2008

Field Note:

2008 Delaware Vital Statistics Data

HEALTH STATUS INDICATOR #03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	2006	2007	Annual Indicator Data		
			2008	2009	2010
Annual Indicator	3.6	1.2	3.6	3.6	3.6
Numerator	5	2	6	6	6
Denominator	137,313	168,487	168,041	168,041	168,041

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2010

Field Note:

2008 Delaware Vital Statistics Data

2. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2009

Field Note:

2008 Delaware Vital Statistics Data

3. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2008

Field Note:

2008 Delaware Vital Statistics Data

HEALTH STATUS INDICATOR #03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2006	2007	Annual Indicator Data		
			2008	2009	2010
Annual Indicator	25.7	28.3	18.9	18.9	18.9
Numerator	21	33	22	22	22
Denominator	81,711	116,509	116,614	116,614	116,614

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2010

Field Note:

2008 Delaware Vital Statistics Data

2. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2009

Field Note:

2008 Delaware Vital Statistics Data

3. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2008

Field Note:

2008 Delaware Vital Statistics Data

HEALTH STATUS INDICATOR #04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	2006	2007	Annual Indicator Data		
			2008	2009	2010
Annual Indicator	9.0	3.6	387.4	387.4	387.4
Numerator	15	6	651	651	651
Denominator	166,977	168,487	168,041	168,041	168,041

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

- Section Number:** Form20_Health Status Indicator #04A
Field Name: HSI04A
Row Name:
Column Name:
Year: 2010
Field Note:
 2008 Delaware Vital Statistics Data.

 NOTE: Historical Information from 2006-2007 is incorrect.
- Section Number:** Form20_Health Status Indicator #04A
Field Name: HSI04A
Row Name:
Column Name:
Year: 2009
Field Note:
 2008 Delaware Vital Statistics Data.

 NOTE: Historical Information from 2006-2007 is incorrect.
- Section Number:** Form20_Health Status Indicator #04A
Field Name: HSI04A
Row Name:
Column Name:
Year: 2008
Field Note:
 2008 Delaware Vital Statistics Data.

 NOTE: Historical Information from 2006-2007 is incorrect.

HEALTH STATUS INDICATOR #04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	2006	2007	Annual Indicator Data		
			2008	2009	2010
Annual Indicator	9.0	1.2	32.1	32.1	32.1
Numerator	15	2	54	54	54
Denominator	166,977	168,487	168,041	168,041	168,041

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes Yes

Provisional Provisional

Field Level Notes

- Section Number:** Form20_Health Status Indicator #04B
Field Name: HSI04B
Row Name:
Column Name:
Year: 2010
Field Note:
 2008 Delaware Vital Statistics Data.

 NOTE: Historical Information from 2006-2007 is incorrect.
- Section Number:** Form20_Health Status Indicator #04B
Field Name: HSI04B
Row Name:
Column Name:
Year: 2009
Field Note:
 2008 Delaware Vital Statistics Data.

 NOTE: Historical Information from 2006-2007 is incorrect.
- Section Number:** Form20_Health Status Indicator #04B
Field Name: HSI04B
Row Name:
Column Name:
Year: 2008
Field Note:
 2008 Delaware Vital Statistics Data.

 NOTE: Historical Information from 2006-2007 is incorrect.

HEALTH STATUS INDICATOR #04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2006	2007	Annual Indicator Data		
			2008	2009	2010
Annual Indicator	200.7	176.0	159.5	159.5	159.5
Numerator	228	205	186	186	186
Denominator	113,580	116,509	116,614	116,614	116,614

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2010

Field Note:

2008 Delaware Vital Statistics Data.

2. Section Number: Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2009

Field Note:

2008 Delaware Vital Statistics Data.

3. Section Number: Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2008

Field Note:

2008 Delaware Vital Statistics Data.

HEALTH STATUS INDICATOR #05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	2006	2007	Annual Indicator Data		
			2008	2009	2010
Annual Indicator	<u>37.8</u>	<u>34.0</u>	<u>47.6</u>	<u>56.2</u>	<u>55.6</u>
Numerator	<u>1,099</u>	<u>1,000</u>	<u>1,392</u>	<u>1,648</u>	<u>1,609</u>
Denominator	<u>29,054</u>	<u>29,397</u>	<u>29,252</u>	<u>29,299</u>	<u>28,955</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. Section Number: Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2010

Field Note:

Number of reported cases of chlamydia in 2010. Projected number of 15-19 year women for 2010.

2. Section Number: Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2009

Field Note:

Number of reported cases of chlamydia in 2009. Projected number of 15-19 year women for 2009.

3. Section Number: Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2008

Field Note:

Number of reported cases of chlamydia in 2008. Projected number of 15-19 year women for 2008.

HEALTH STATUS INDICATOR #05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	2006	2007	Annual Indicator Data		2010
			2008	2009	
Annual Indicator	10.1	10.3	11.5	11.5	13.3
Numerator	1,469	1,499	1,655	1,655	1,916
Denominator	145,906	145,178	144,325	144,325	144,539

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2010

Field Note:

Number of reported cases of chlamydia in 2010. Projected number of 20-44 year women for 2010.

2. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2009

Field Note:

2009 data are not available.

3. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2008

Field Note:

HIV/STD/HCV Program

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: DE

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2010 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	11,736	8,200	3,107	0	0	0	0	429
Children 1 through 4	46,940	32,798	12,426	0	0	0	0	1,716
Children 5 through 9	57,637	40,588	14,756	0	0	0	0	2,293
Children 10 through 14	58,737	36,554	14,987	0	0	0	0	7,196
Children 15 through 19	59,518	40,083	16,336	0	0	0	0	3,099
Children 20 through 24	58,969	40,471	15,773	0	0	0	0	2,725
Children 0 through 24	293,537	198,694	77,385	0	0	0	0	17,458

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	9,770	1,965	0
Children 1 through 4	39,080	7,860	0
Children 5 through 9	50,044	7,593	0
Children 10 through 14	49,888	5,106	3,743
Children 15 through 19	54,856	4,662	0
Children 20 through 24	53,980	4,989	0
Children 0 through 24	257,618	32,175	3,743

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: DE

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	22	8	14	0	0	0	0	0
Women 15 through 17	369	192	172	1	1	0	0	3
Women 18 through 19	860	509	340	1	7	1	0	2
Women 20 through 34	9,108	6,244	2,393	16	428	3	0	24
Women 35 or older	1,657	1,219	332	2	102	1	0	1
Women of all ages	12,016	8,172	3,251	20	538	5	0	30

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	15	7	0
Women 15 through 17	278	91	0
Women 18 through 19	683	177	0
Women 20 through 34	7,713	1,395	0
Women 35 or older	1,481	173	0
Women of all ages	10,170	1,843	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: DE

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	101	49	52	0	0	0	0	0
Children 1 through 4	9	6	1	1	0	0	0	1
Children 5 through 9	7	4	2	0	1	0	0	0
Children 10 through 14	7	6	1	0	0	0	0	0
Children 15 through 19	32	16	16	0	0	0	0	0
Children 20 through 24	59	43	15	0	1	0	0	0
Children 0 through 24	215	124	87	1	2	0	0	1

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	86	15	0
Children 1 through 4	8	1	0
Children 5 through 9	7	0	0
Children 10 through 14	6	1	0
Children 15 through 19	28	4	0
Children 20 through 24	56	3	0
Children 0 through 24	191	24	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: DE

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	230,824	158,193	61,612	0	0	0	0	11,019	2010
Percent in household headed by single parent	33.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2010
Percent in TANF (Grant) families	4.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2010
Number enrolled in Medicaid	111,009	111,009	0	0	0	0	0	0	2010
Number enrolled in SCHIP	6,598	0	0	0	0	0	0	6,598	2009
Number living in foster home care	1,210	0	0	0	0	0	0	1,210	2010
Number enrolled in food stamp program	57,294	0	0	0	0	0	0	57,294	2010
Number enrolled in WIC	12,962	0	0	0	0	0	0	12,962	2009
Rate (per 100,000) of juvenile crime arrests	2,450.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2010
Percentage of high school drop-outs (grade 9 through 12)	3.9	3.2	4.9	0.0	0.0	0.0	0.0	0.0	2010

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	203,638	27,186	0	2010
Percent in household headed by single parent	0.0	0.0	33.0	2010
Percent in TANF (Grant) families	0.0	0.0	4.0	2010
Number enrolled in Medicaid	0	0	111,009	2010
Number enrolled in SCHIP	0	0	6,598	2009
Number living in foster home care	0	0	1,210	2010
Number enrolled in food stamp program	0	0	57,294	2010
Number enrolled in WIC	0	0	12,962	2009
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	2,450.0	2009
Percentage of high school drop-outs (grade 9 through 12)	0.0	4.8	3.9	2010

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: DE

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2010 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	<u>0</u>
Living in urban areas	<u>185,979</u>
Living in rural areas	<u>42,824</u>
Living in frontier areas	<u>0</u>
Total - all children 0 through 19	<u>228,803</u>

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: DE

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2010 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	895,173.0
Percent Below: 50% of poverty	7.0
100% of poverty	14.0
200% of poverty	30.0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: DE

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2010 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	<u>230,824.0</u>
Percent Below: 50% of poverty	<u>7.0</u>
100% of poverty	<u>21.0</u>
200% of poverty	<u>30.0</u>

FORM NOTES FOR FORM 21

HSI 6A / 6B - 2010 Delaware Population Projections, V 2010.0
HSI 7A / 7B - 2008 Delaware Vital Statistics
HSI 8A / 8B - 2008 Delaware Vital Statistics

FIELD LEVEL NOTES

1. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2012
Field Note:
2011 Kids Count in Delaware Factbook
% of children in single parent households by race is not known.
2. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2012
Field Note:
In August 2010, there were 9,271 Children enrolled in TANF statewide.
Distribution by race is not known.
3. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2012
Field Note:
SCHIP Enrollment, December 2009. Statehealthfacts.org
4. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2012
Field Note:
2011 KIDS COUNT Delaware Fact Book, Households enrolled in Supplemental Nutrition Assistance.
5. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2012
Field Note:
2011 KIDS COUNT Delaware Fact Book
6. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2012
Field Note:
2011 KIDS COUNT Delaware Fact Book
7. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2012
Field Note:
2011 Kids Count in Delaware Factbook
% of children in single parent households by ethnicity is not known.
8. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2012
Field Note:
In August 2010, there were 9,271 Children enrolled in TANF statewide.
Distribution by ethnicity is not known.
9. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2012
Field Note:
SCHIP Enrollment, December 2009. Statehealthfacts.org
10. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2012
Field Note:
2011 KIDS COUNT Delaware Fact Book, Households enrolled in Supplemental Nutrition Assistance.
11. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:

Year: 2012

Field Note:

2011 KIDS COUNT Delaware Fact Book

12. Section Number: Form21_Indicator 09B

Field Name: HSIEthnicity_DropOutPercent

Row Name: Percentage of high school drop-outs (grade 9 through 12)

Column Name:

Year: 2012

Field Note:

2011 KIDS COUNT Delaware Fact Book

13. Section Number: Form21_Indicator 11

Field Name: S11_total

Row Name: Total Population

Column Name:

Year: 2012

Field Note:

2010 Delaware Population Projections

14. Section Number: Form21_Indicator 12

Field Name: S12_100percent

Row Name: 100% of poverty

Column Name:

Year: 2012

Field Note:

Source: Statehealthfacts.org. Retrieved July 11, 2011

15. Section Number: Form21_Indicator 09A

Field Name: HSIRace_FosterCare

Row Name: Number living in foster home care

Column Name:

Year: 2012

Field Note:

2011 KIDS COUNT Delaware Fact Book

16. Section Number: Form21_Indicator 09B

Field Name: HSIEthnicity_FosterCare

Row Name: Number living in foster home care

Column Name:

Year: 2012

Field Note:

2011 KIDS COUNT Delaware Fact Book

